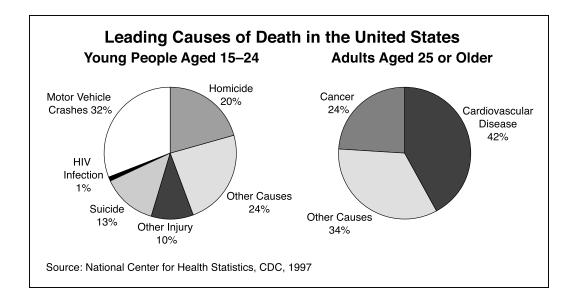
Assessing Health Risk Behaviors Among Young People:

Youth Risk Behavior Surveillance System

AT-A-GLANCE 2000



"One's personal lifestyle is of profound and overriding importance in determining one's health status and one's chances for a full and complete life."

John R. Seffrin, PhD Chief Executive Officer, American Cancer Society





Assessing Health Risk Behaviors Among Young People

Risk Behaviors Are Linked to the Leading Causes of Death

Today, the health of young people—and the adults they will become—is critically linked to the health-related behaviors they choose to adopt. A limited number of behaviors contribute markedly to today's major killers. These behaviors, often established during youth, include

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies.
- Behaviors that may result in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes).

Among both children and adults, the leading causes of death are closely linked to these behaviors. Among adults, chronic diseases—such as cardiovascular disease, cancer, and diabetes—are the nation's leading killers. Practicing healthy behaviors, such as eating low-fat, high-fruit-and-vegetable diets, getting regular physical activity, and refraining from tobacco use, could prevent many of these deaths. Because health-related behaviors are usually established in childhood, positive choices need to be promoted before damaging behaviors are initiated or become ingrained.

Collecting Vital Information

Until this decade, little was known about the prevalence of behaviors practiced by young people that put their health at risk. The Youth Risk Behavior Surveillance System (YRBSS) now provides such information. Developed by CDC in collaboration with federal, state, and private-sector partners, this voluntary system includes a national survey and surveys conducted by state and local education agencies. The YRBSS provides vital information on risk behaviors among young people to more effectively target and improve health programs.

Purposes of the YRBSS

- Determine the prevalence and age of initiation of health-risk behaviors.
- Assess whether health-risk behaviors increase, decrease, or remain the same over time.
- Allow researchers to examine the cooccurrence of health risk behaviors among young people.
- Provide comparable national, state, and local data.
- Monitor progress toward achieving the *Healthy People 2000* and *Healthy People 2010* objectives and the National Education Goals.

Using YRBSS Data

State and local health and education officials use YRBSS data in a variety of ways:

- Implement or modify programs to address the behaviors of young people in a specific area.
 - South Dakota used YRBSS data from Native American young people to help implement school health education in Bureau of Indian Affairs schools.
- Set program goals and objectives and monitor the progress toward those goals.
 - Mississippi used its YRBSS data to help develop a strategic plan for school health.
- Create awareness of the extent of risk behaviors among young people.
 - Many states and cities, including Alabama, Illinois, Dallas, and Miami, have used YRBSS data to enhance teacher training programs.
- Promote state-level changes that support health education curricula and coordinated school health programs.
 - West Virginia used YRBSS data to help ensure that schools develop local School Improvement Councils to address issues related to children's health and safety.
- Provide evidence-based data to support the need for health education.
 - Maine used its YRBSS data to help obtain a grant to support mental health services in school-linked clinics.

CDC's Leadership Role

To ensure the availability of accurate and current information on health risk behaviors among young people, CDC provides funding and technical support to states and major cities to conduct a Youth Risk Behavior Survey (YRBS). In addition, CDC supports coordinated school health programs in 22 states to provide young people with the information and skills they need to avoid health-damaging behaviors.

Assisting With State and Local Surveys

With technical assistance from CDC, staff of state and local departments of education and health conduct a YRBS every 2 years. Staff can add or delete questions in the core questionnaire to better meet the interests and needs of the state or local school district. School-based surveys were last conducted in 1997 among students in grades 9–12 in 39 states, 16 large cities, and 4 territories. The average sample size was 2,200.

CDC's technical assistance includes

- A 3-day training course for state and local coordinators.
- Specialized software to guide states in selecting participating schools.
- Assistance in analyzing data and preparing statespecific reports.
- Assistance in applying survey results to improve school health programs and policies.

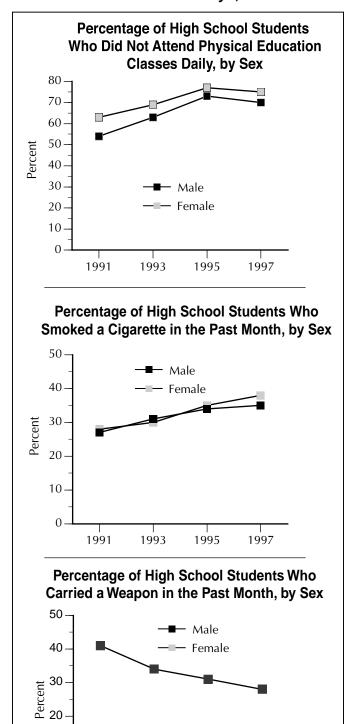
Conducting National Surveys

In addition to assisting states, CDC conducts national surveys every 2 years to produce data representative of students in grades 9–12 in both public and private schools in the 50 states and the District of Columbia. The 1997 survey included more than 16,000 respondents.

To provide critical information on health risk behaviors among young people in high-risk situations and those in college, CDC has conducted additional national surveys:

- The National Alternative High School Youth Risk Behavior Survey, conducted in 1998 among a representative sample of almost 9,000 students in alternative schools.
- The National College Health Risk Behavior Survey, conducted in 1995 among a representative sample of about 5,000 undergraduate students.

Results From National Surveys, 1991–1997



1997

10

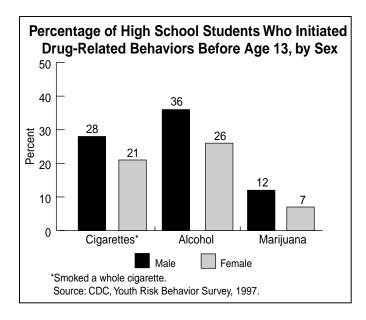
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1991

1993

Source: CDC, Youth Risk Behavior Survey, 1991, 1993, 1995, 1997.

1995



Comments From Users of YRBSS Data

"Folks in Montana—community people, parents—assumed that just because their kids grew up in a beautiful, large, sparsely populated state that they were immune to health risk behaviors. . . What the YRBS has shown is that rural young people, in many cases, have problems identical to those of young people in urban areas, and in some cases the problems are worse in rural areas."

> —Spencer Sartorius, MS Division Administrator Health Enhancement and Safety Bureau

"In our school district [Dade County, Florida], YRBS data are used by school administrators in making decisions, developing and expanding our current HIV/AIDS program, assisting with student services programs and comprehensive health, developing teacher training programs and peer programs for students, and assisting with our PTA."

> —Nadine Gay, MSW Supervisor, HIV/AIDS Education Program

"In Ohio's Department of Education, information from the YRBS has brought together Drug Free School consultants, nutrition consultants, some parent advocacy consultants, and individuals involved in HIV/STD and health dimensions."

> —Joyce Brannan, PhD Health Education Consultant

Participants in the YRBSS, 1997

These locations conducted their own surveys.

South Dakota **States** Alabama Tennessee Utah Arkansas California Vermont West Virginia Colorado Connecticut Wisconsin Wyoming Delaware

District of Columbia

Territories Florida

Georgia American Samoa

Hawaii Guam

Northern Mariana Idaho

Islands Iowa

Virgin Islands of the Kansas **United States**

Kentucky

Montana

Louisiana Cities Maine **Baltimore** Massachusetts **Boston** Michigan Chicago Mississippi **Dallas** Missouri

Fort Lauderdale Nebraska

Detroit

Nevada Houston Jersey City New Hampshire Los Angeles New Jersey Miami New York North Carolina Newark **New Orleans** North Dakota New York Ohio Philadelphia Oregon San Diego Rhode Island San Francisco South Carolina

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http://www.cdc.gov/nccdphp/dash/YRBS